



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: 14014SO2165

Work Order Type: Weatherization

Audit Name: 14014SO2165

CLIENT INFORMATION

Client Name:

Address:

Client ID: 14014SO2165

SHELBYVILLE, TN 37160

Alt. Client ID: BEDFORD

AGENCY INFORMATION

Agency: SOUTH CENTRAL HUMAN RESOURCE AGENCY

Agency Phone: (931) 433-7182

Address: 1437 WINCHESTER HIGHWAY

Fax: (931) 438-0074

FAYETTEVILLE, TN 37334-2001

Email Address: e.satterfield@schra.us

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Client Name:

Client ID: 14014SO2165

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Report Run On: 5/21/2010

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Measures

Measure 1 AIR INFILTRATION

Components

Inspected

Comment 1. REDUCE INFILTRATION BY 421 CFM'S / CAULK AROUND TUB /
INSTALL PANEL OVER HOLE IN WALL IN VANITY THAT ACCESSES
SHOWER PLUMBING / REPLACE BROKEN REGISTER COVERS / SEAL
HOLE IN FLOOR BY HW HEATER
2. W/S FRONT DOOR
3. W/S AND D/S SIDE DOOR

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#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Supplies	Misc Material	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	LABOR	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Measure 2 Fix Improper Venting (Clothes Dryer)

Components

Inspected

Comment

☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Metal Flex	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

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Measure 3 PressureRelief Piping Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Pressure relief piping	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 4 Smoke Detector is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke / Carbon detector	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

**Measure 5 Vapor Barrier Needed
(Basement/Crawlspace)****Components****Inspected****Comment**

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Basement / crawlspace vapor barrier	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Work Order Grand Total:** **Grand Total:**

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